



Health Pathway Faculty Externship Application 2015

Name: _____	Phone:	Home: _____
		Cell: _____
		School: _____
School: _____	Address:	Home: _____
		School: _____
E-Mail		

In paragraph form, please answer the following questions.

1. Why are you interested in the Health Pathway Externship Program?

2. What is your current teaching assignment and connection with a healthcare program or pathway?

Faculty Externship Application (continued)

3. What is the anticipated impact of this experience professionally and within your learning environment?

List your top 3 Priorities from the sites listed in announcement

1.

2.

3.

Please sign with your initials regarding the following expectations.

_____ **I am available during flexible times from February, 2015 until June 30, 2015, to complete the Extern hours and submit required paperwork explained at the Orientation.**

_____ **I understand that I must attend an Orientation event to be announced.**

_____ **I understand that I am responsible to obtain any required documents (i.e., TB test, life scan, liability and Worker's Comp letter from district) .**

Return this application to Carol Allbaugh at carol@we-reachout.org by Feb 27, 2015.